

NAVAJO LAW CENTER  
BARBER & BORG, LLC  
PO Box 4690  
26 State Highway 264  
Yatahey, New Mexico 87375  
Yatahey Office: (505) 905-5000/Fax: (505) 905-5001  
Albuquerque Office: (505) 884-0004/Fax: (505) 884-0077

May 27, 2015  
VIA CERTIFIED MAIL

Hon. Sally Jewell, Secretary of the Department of the Interior  
Department of Interior  
1849 C Street, N.W.  
Washington, D.C. 20240

RE: JARON YELLOW Form 95 Notice of Tort Claim

Dear Secretary Jewell:

Please see attached Form 95 regarding Mr. Jaron Yellow. Thank you.

Sincerely,

BARBER AND BORG, LLC.



Forrest G. Buffington, Esq.  
Attorney at Law

FGB/lr

Enclosure(s)



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Read and carefully follow the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheets if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1525-0006	
<b>1. Submit to Appropriate Federal Agency</b>  Hon. Sally Jewell, Secretary of the Department of the Interior Department of the Interior 1849 C Street, N.W. Washington, D.C. 20240			<b>2. Name, address of claimant, and claimant's personal representative if any</b> (See instructions on reverse) Number, Street, City, State and Zip code  Juliet Dixon, Individually and on behalf of <del>David</del> Yellow, <del>V</del> Yellow and <del>J</del> Yellow, minor children c/o BARBER & BORG, LLC (Forrest G. Buffington) P.O. Box 4690, Yatahey, NM 87376		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> 06/27/1987	<b>5. MARITAL STATUS</b> Unmarried	<b>6. DATE AND DAY OF ACCIDENT</b> 01/14/2014	<b>7. TIME (A.M. OR P.M.)</b> 1615 (P.M.)	
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  Juliet Dixon is the mother of Jaron Yellow, deceased. <del>David</del> Yellow, <del>V</del> Yellow and <del>J</del> Yellow are the minor children of Jaron Yellow. Juliet Dixon has been appointed temporary guardian of the subject minor children. On 14 January 2014, Jaron Yellow was arrested by police of the Bureau of Indian Affairs (or under 638 Contract) at Moencop Village near Tuba City, Coconino County, Arizona. He was acutely intoxicated at a level which required medical intervention. (continue on attached document)					
<b>PROPERTY DAMAGE</b>					
<b>9. NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).  Not Applicable					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Not Applicable					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
<b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>  Death of Jaron Yellow was caused by ethanol intoxication and restraint asphyxia while in B.I.A. Police custody. This resulted in lost of support, companionship, consortium and all other losses cognizable under Arizona law to the mother and minor children of Jaron Yellow.					
<b>11. WITNESSES</b>					
<b>NAME</b>  Dr. Lawrence Czarniecki		<b>ADDRESS (Number, Street, City, State, and Zip Code)</b>  Office of Medical Examiner, 2500 N. Ft. Valley Rd., Flagstaff, AZ 86001			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (In dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>	<b>12b. PERSONAL INJURY</b>	<b>12c. WRONGFUL DEATH</b>  \$5,000,000.00	<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>  \$5,000,000.00		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  Juliet Dixon			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b>  (505) 905-5000	<b>14. DATE OF SIGNATURE</b>  05/15/15	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount  
NOT APPLICABLE

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).  
NOT APPLICABLE

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.  
C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

It is believed he became unresponsive at or near the time of his arrest. A hospital was approximately five minutes away. He was not taken to a hospital but was transported toward the Hopi jail near Keams Canyon, Arizona, approximately one hour away. He died in custody of acute intoxication and restraint asphyxia.



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Albuquerque Office: (505) 884-0004/Fax: (505) 884-0077

May 27, 2015  
VIA CERTIFIED MAIL

Hon. John S. Leonardo, U.S. Attorney  
Two Renaissance Square  
40 N. Central Avenue, Suite 1200  
Phoenix, AZ 85004-4408

RE: JARON YELLOW Form 95 Notice of Tort Claim

Dear Mr. Leonardo:

Please see attached Form 95 regarding Mr. Jaron Yellow. Thank you.

Sincerely,

BARBER AND BORG, LLC.



Forrest G. Buffington, Esq.  
Attorney at Law

FGB/lr

Enclosure(s)

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1105-0006	
1. Submit to Appropriate Federal Agency  Hon. John S. Leonardo, U.S. Attorney Two Renaissance Square 40 N. Central Avenue, Suite 1200 Phoenix, AZ 85004-4408			2. Name, address of claimant, and claimant's personal representative if any (See instructions on reverse). Number, Street, City, State and Zip code.  Juliet Dixon, Individually and on behalf of Daryl Yellow, Verna Yellow and Joe Yellow, minor children c/o BARBER & BORG, LLC (Forrest G. Buffington) P.O. Box 4690, Yatahey, NM 87375		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 06/27/1987		5. MARITAL STATUS Unmarried	
		6. DATE AND DAY OF ACCIDENT 01/14/2014		7. TIME (A.M. OR P.M.) 1818 (P.M.)	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)  Juliet Dixon is the mother of Jaron Yellow, deceased. Daryl Yellow, Verna Yellow and Joe Yellow are the minor children of Jaron Yellow. Juliet Dixon has been appointed temporary guardian of the subject minor children. On 14 January 2014, Jaron Yellow was arrested by police of the Bureau of Indian Affairs (or under 638 Contract) at Meencopi Village near Tuba City, Coconino County, Arizona. He was acutely intoxicated at a level which required medical intervention. (continue on attached document)					
<b>PROPERTY DAMAGE</b>					
9. NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Not Applicable					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Not Applicable					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Death of Jaron Yellow was caused by ethanol intoxication and restraint asphyxia while in B.I.A. Police custody. This resulted in lost of support, companionship, consortium and all other losses cognizable under Arizona law to the mother and minor children of Jaron Yellow.					
<b>11. WITNESSES</b>					
NAME  Dr. Lawrence Czamecki		ADDRESS (Number, Street, City, State, and Zip Code)  Office of Medical Examiner, 2500 N. Ft. Valley Rd., Flagstaff, AZ 86001			
12. (See instructions on reverse). AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH \$5,000,000.00	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$5,000,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  Juliet Dixon			13b. PHONE NUMBER OF PERSON SIGNING FORM (505) 905-5000		14. DATE OF SIGNATURE 05/15/15
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



## INSURANCE COVERAGE

In order that litigation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

NOT APPLICABLE

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

NOT APPLICABLE

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. §52a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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It is believed he became unresponsive at or near the time of his arrest. A hospital was approximately five minutes away. He was not taken to a hospital but was transported toward the Hopi jail near Keams Canyon, Arizona, approximately one hour away. He died in custody of acute intoxication and restraint asphyxia.



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May 27, 2015  
VIA CERTIFIED MAIL

Hon. Bryan Bowler, Regional Director  
Western Regional Office, Bureau of Indian Affairs  
2600 N. Central Avenue, 4<sup>th</sup> Floor Mailroom  
Phoenix, AZ 85004

RE: JARON YELLOW Form 95 Notice of Tort Claim

Dear Mr. Bowler:

Please see attached an Amended Form 95 regarding Mr. Jaron Yellow. Thank you.

Sincerely,

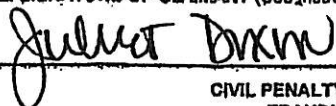
BARBER AND BORG, LLC.



Forrest G. Buffington, Esq.  
Attorney at Law

FGB/lr

Enclosure(s)

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1-105-0000	
1. Submit to Appropriate Federal Agency  Hon. Bryan Bowler, Regional Director Western Regional Office, Bureau of Indian Affairs 2600 N. Central Avenue, 4th Floor Mailroom Phoenix, AZ 85004			2. Name, address of claimant, and claimant's personal representative if any (See instructions on reverse). Number, Street, City, State and Zip code.  Juliet Dixon, Individually and on behalf of <del>Donna</del> Yellow, <del>Verma</del> Yellow and <del>Joe</del> Yellow, minor children c/o BARBER & BORG, LLC (Forrest G. Buffington) P.O. Box 4890, Yatahey, NM 87375		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH <b>09/27/1987</b>	5. MARITAL STATUS <b>Unmarried</b>	6. DATE AND DAY OF ACCIDENT <b>01/14/2014</b>	7. TIME (A.M. OR P.M.) <b>1616 (P.M.)</b>	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  Juliet Dixon is the mother of Jaron Yellow, deceased. <del>Donna</del> Yellow, <del>Verma</del> Yellow and <del>Joe</del> Yellow are the minor children of Jaron Yellow. Juliet Dixon has been appointed temporary guardian of the subject minor children. On 14 January 2014, Jaron Yellow was arrested by police of the Bureau of Indian Affairs (or under 688 Contract) at Moencop Village near Tuba City, Coconino County, Arizona. He was acutely intoxicated at a level which required medical intervention. (continue on attached document)					
<b>PROPERTY DAMAGE</b>					
9. NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Not Applicable					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Not Applicable					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
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<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Dr. Lawrence Czarnacki		Office of Medical Examiner, 2600 N. Ft. Valley Rd., Flagstaff, AZ 86001			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
		<b>\$5,000,000.00</b>	<b>\$5,000,000.00</b>		
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13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM <b>(505) 905-5000</b>	14. DATE OF SIGNATURE <b>05/15/15</b>	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



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NOT APPLICABLE

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

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Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2871 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

It is believed he became unresponsive at or near the time of his arrest. A hospital was approximately five minutes away. He was not taken to a hospital but was transported toward the Hopi jail near Keams Canyon, Arizona, approximately one hour away. He died in custody of acute intoxication and restraint asphyxia.



NAVAJO LAW CENTER  
BARBER & BORG, LLC  
PO Box 4690  
26 State Highway 264  
Yatahey, New Mexico 87375  
Yatahey Office: (505) 905-5000/Fax: (505) 905-5001  
Albuquerque Office: (505) 884-0004/Fax: (505) 884-0077

May 27, 2015  
VIA CERTIFIED MAIL

Hon. Loretta Lynch, U.S. Attorney General  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, D.C. 20530-0001

RE: JARON YELLOW Form 95 Notice of Tort Claim

Dear Attorney General Lynch:

Please see attached Form 95 regarding Mr. Jaron Yellow. Thank you.

Sincerely,

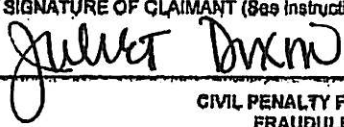
BARBER AND BORG, LLC.



Forrest G. Buffington, Esq.  
Attorney at Law

FGB/lr

Enclosure(s)

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1505-0006	
<b>1. Submit to Appropriate Federal Agency</b>  Hon. Loretta Lynch, U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001			<b>2. Name, address of claimant, and claimant's personal representative if any</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Juliet Dixon, Individually and on behalf of <del>Don</del> Yellow, <del>Vern</del> Yellow and <del>Joe</del> Yellow, minor children c/o BARBER & BORG, LLC (Forrest G. Buffington) P.O. Box 4090, Yatahey, NM 87376		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		<b>4. DATE OF BIRTH</b> 06/27/1987		<b>5. MARITAL STATUS</b> Unmarried	
<b>6. DATE AND DAY OF ACCIDENT</b> 01/14/2014		<b>7. TIME (A.M. OR P.M.)</b> 1016 (P.M.)			
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  Juliet Dixon is the mother of Jaron Yellow, deceased. <del>Don</del> Yellow, <del>Vern</del> Yellow and <del>Joe</del> Yellow are the minor children of Jaron Yellow. Juliet Dixon has been appointed temporary guardian of the subject minor children. On 14 January 2014, Jaron Yellow was arrested by police of the Bureau of Indian Affairs (or under 638 Contract) at Moencopi Village near Tuba City, Coconino County, Arizona. He was acutely intoxicated at a level which required medical intervention. (continue on attached document)					
<b>PROPERTY DAMAGE</b>					
<b>9. NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).  Not Applicable					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Not Applicable					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
<b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>  Death of Jaron Yellow was caused by ethanol intoxication and restraint asphyxia while in B.I.A. Police custody. This resulted in lost of support, companionship, consortium and all other losses cognizable under Arizona law to the mother and minor children of Jaron Yellow.					
<b>11. WITNESSES</b>					
<b>NAME</b>  Dr. Lawrence Czarnecki		<b>ADDRESS (Number, Street, City, State, and Zip Code)</b>  Office of Medical Examiner, 2500 N. Ft. Valley Rd., Flagstaff, AZ 86001			
<b>12. (See instructions on reverse).</b>					
<b>12a. PROPERTY DAMAGE</b>		<b>12b. PERSONAL INJURY</b>		<b>12c. WRONGFUL DEATH</b> \$5,000,000.00	
<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b> \$5,000,000.00					
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b> (505) 905-5000		<b>14. DATE OF SIGNATURE</b> 05/15/15
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 51 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

*NOT APPLICABLE*

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

*NOT APPLICABLE*

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

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It is believed he became unresponsive at or near the time of his arrest. A hospital was approximately five minutes away. He was not taken to a hospital but was transported toward the Hopi jail near Keams Canyon, Arizona, approximately one hour away. He died in custody of acute intoxication and restraint asphyxia.



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26 State Highway 264  
Yatahey, New Mexico 87375  
Yatahey Office: (505) 905-5000/Fax: (505) 905-5001  
Albuquerque Office: (505) 884-0004/Fax: (505) 884-0077

May 27, 2015  
VIA CERTIFIED MAIL

Hon. Wendell Honanie, Superintendent  
Hopi Agency, Bureau of Indian Affairs  
P.O. Box 158  
Keams Canyon, AZ 86034

RE: JARON YELLOW Form 95 Notice of Tort Claim

Dear Mr. Honanie:

Please see attached an Amended Form 95 regarding Mr. Jaron Yellow. Thank you.

Sincerely,


BARBER AND BORG, LLC.



Forrest G. Buffington, Esq.  
Attorney at Law

FGB/lr

Enclosure(s)

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1105-0006	
<b>1. Submit to Appropriate Federal Agency:</b>  Hon. Wendell Honanie, Superintendent Hopi Agency, Bureau of Indian Affairs P.O. Box 188 Keams Canyon, AZ 86034			<b>2. Name, address of claimant, and claimant's personal representative if any</b> (See instructions on reverse). Number, Street, City, State and Zip code  Juliet Dixon, individually and on behalf of <del>Dennis</del> Yellow, <del>Vernon</del> Yellow and <del>Jan</del> Yellow, minor children c/o BARBER & BORG, LLC (Forrest G. Buffington) P.O. Box 4090, Yatahey, NM 87378		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> 08/27/1987	<b>5. MARITAL STATUS</b> Unmarried	<b>6. DATE AND DAY OF ACCIDENT</b> 01/14/2014	<b>7. TIME (A.M. OR P.M.)</b> 1815 (P.M.)	
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  Juliet Dixon is the mother of Jaron Yellow, deceased. <del>Dennis</del> Yellow, <del>Vernon</del> Yellow and <del>Jan</del> Yellow are the minor children of Jaron Yellow. Juliet Dixon has been appointed temporary guardian of the subject minor children. On 14 January 2014, Jaron Yellow was arrested by police of the Bureau of Indian Affairs (or under 638 Contract) at Moencop Village near Tuba City, Coconino County, Arizona. He was acutely intoxicated at a level which required medical intervention. (continue on attached document)					
<b>PROPERTY DAMAGE</b>					
<b>9. NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).  Not Applicable					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Not Applicable					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
<b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>  Death of Jaron Yellow was caused by ethanol intoxication and restraint asphyxia while in B.I.A. Police custody. This resulted in lost of support, companionship, consortium and all other losses cognizable under Arizona law to the mother and minor children of Jaron Yellow.					
<b>11. WITNESSES</b>					
<b>NAME</b>		<b>ADDRESS (Number, Street, City, State, and Zip Code)</b>			
Dr. Lawrence Czarnecki		Office of Medical Examiner, 2500 N. Ft. Valley Rd., Flagstaff, AZ 86001			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>	<b>12b. PERSONAL INJURY</b>	<b>12c. WRONGFUL DEATH</b>	<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>		
		\$5,000,000.00	\$5,000,000.00		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b> (505) 905-5000		<b>14. DATE OF SIGNATURE</b> 05/15/15
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount

NOT APPLICABLE

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

NOT APPLICABLE

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

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Complete all items - Insert the word NONE where applicable.

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If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

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DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

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C. **Routing Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
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It is believed he became unresponsive at or near the time of his arrest. A hospital was approximately five minutes away. He was not taken to a hospital but was transported toward the Hopi jail near Keams Canyon, Arizona, approximately one hour away. He died in custody of acute intoxication and restraint asphyxia.



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## SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Hon. Sally Jewell, Secretary of  
the Dept. of the Interior  
Dept. of Interior  
1849 C. Street, N.W.  
Washington D.C.  
20240

## 2. Article Number

(Transfer from service label)

7013 0600 0001 0294 2243

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

- ☐
- Agent
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- ☐
- Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐
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- ☐
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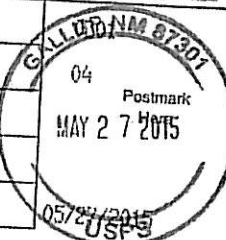
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Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.49



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 Hon. Sally Jewell, Secretary of the Dept. of  
 Street, Apt. No., Dept. of Interior  
 or PO Box No. 1849 C. Street N.W. D.C.  
 City, State, ZIP+4  
 Washington, D.C. 20240  
 PS Form 3800, August 2006  
 See Reverse for Instructions

Back to 523

EXHIBIT

2



UNITED STATES POSTAL SERVICE  
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Navajo Law Center  
BARBER & BORG, LLC  
P.O. Box 4690  
Yatahey, NM 87375

RECEIVED  
JUN 05 2015  
J. Dixon

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Hon. John S. Leonardo, U.S. Atty,  
Two Renaissance Square  
40 N. Central Avenue, Suite 1200  
Phoenix, AZ 85004-4408

2. Article Number  
(Transfer from service label) 7011 2970 0002 7939 6544

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X [Signature]

B. Received by (Printed Name)  
[Signature]

C. Date of Delivery  
[Signature]

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

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PHOENIX AZ 85004

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Certified Fee	\$3.00	
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 06.49	05/27/2015

Sent To  
Hon. John S. Leonardo U.S. Atty  
Street, Apt. No.: Two Renaissance Square  
or PO Box No. 40 N. Central Ave. Suite 1200  
City, State, ZIP+4  
Phoenix, AZ 85004-4408

PS Form 3800, August 2006 See Reverse for Instructions



UNITED STATES POSTAL SERVICE  
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25 MAY 15

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

Sender: Please print your name, address, and ZIP+4® in this box®

Navajo Law Center  
BARBER & BORG, LLC  
P.O. Box 4690  
Yatahey, NM 87375

RECEIVED  
JUN 07 2015  
J. Dixon

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Stalas</i> C. Date of Delivery <i>5/27</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><i>Hon. Bryan Bowler, Regional Director</i> <i>Western Regional Office, B.I.A.</i> <i>2600 N. Central Ave. 4th Floor</i> <i>Phoenix, AZ 85004</i> <i>Mailroom</i></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label) <i>7013 0600 0001 0294 2236</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

PHOENIX, AZ 85004

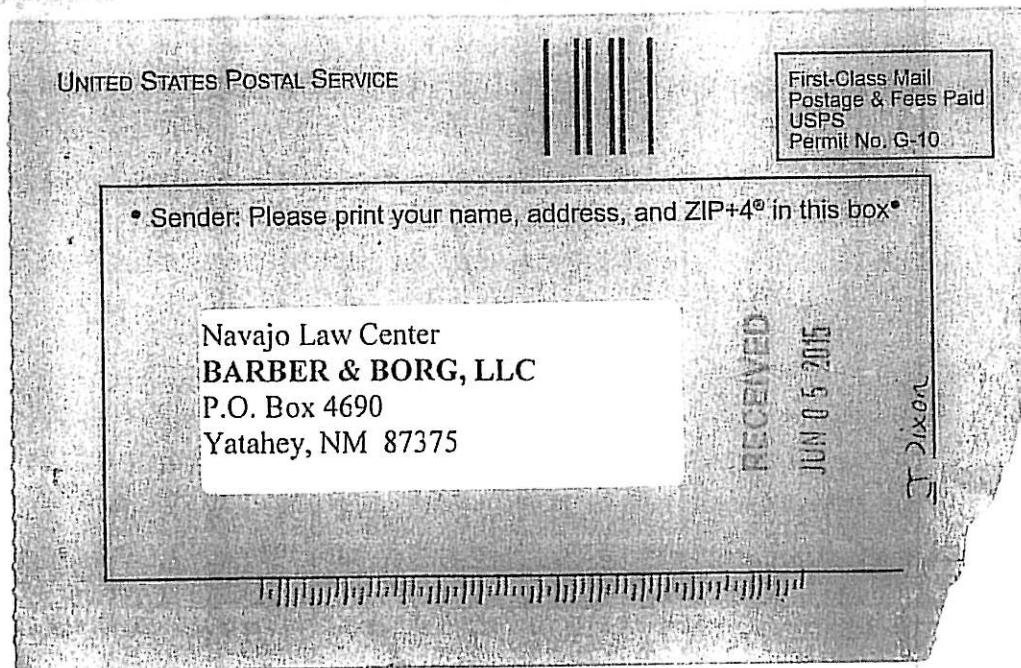
Postage	\$ 04.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 06.49

05/27/2015

Sent To  
*Hon. Bryan Bowler, Regional Director*  
Street, Apt. No.,  
or PO Box No. *Western Regional Ofc B.I.A.*  
City, State, ZIP+4 *2600 N. Central Ave., 4th Floor*  
*Phoenix, AZ 85004*  
*Mailroom*

PS Form 3800, August 2005 See Reverse for Instructions





SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <b>X</b></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">JUN 02 2015</p>
<p>1. Article Addressed to:</p> <p>Hon. Loretta Lynch, U.S. Atty Gen. U.S. Department of Justice 950 Pennsylvania Avenue N.W. Washington, D.C. 20530-0001</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number <span style="float: right;">7013 0600 0001 0294 2229</span></p> <p>(Refer from service label)</p> <p>3811, July 2013 <span style="float: right;">Domestic Return Receipt</span></p>	

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WASHINGTON DC 20530

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.49

0301  
04  
MAY 27 2015  
Postmark

Sent To  
Hon. Loretta Lynch, U.S. Atty Gen.  
Street, Apt. No.: U.S. Dept. of Justice  
or PO Box No. 950 Pennsylvania Ave. N.W.  
City, State, ZIP+4  
Washington, D.C. 20530-0001



UNITED STATES POSTAL SERVICE

AZ 852  
50 MAY '15

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

Navajo Law Center  
BARBER & BORG, LLC  
P.O. Box 4690  
Yatahey, NM 87375

RECEIVED  
JUN 11 2015  
J. Dixon

87375

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature x <i>Velma Talayumptewa</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Velma Talayumptewa</i></p> <p>C. Date of Delivery <i>5/29/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>Hon. Wendell Horanie, Superintendent Hopi Agency, B.I. A. P.O. Box 158 Keams, Canyon. AZ 86034</i></p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7011 2970 0002 7939 6605</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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KEAMS CANYON AZ 86034

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.49

0301  
04 MAY 27 2015  
Postmark Here  
USPS  
05/27/2015

Sent To  
*Hon. Wendell Horanie, Superintendent  
Hopi Agency, B.I. A.  
or PO Box No. PO Box 158  
City, State, ZIP+4  
Keams Canyon, AZ 86034*

PS Form 3800, August 2005 See Reverse for Instructions



United States Department of the Interior

OFFICE OF THE SOLICITOR

Southwest Regional Office  
505 Marquette Avenue NW  
Suite 1800  
Albuquerque, NM 87102

July 23, 2015

RECEIVED  
AUG 07 2015

Via Certified Mail - Return Receipt Requested

Juliet Dixon  
c/o Forrest G. Buffington  
Barber & Borg, LLC  
P.O. Box 4690  
Yatahey, NM 87375

Re: Administrative determination denying tort claim of Juliet Dixon, individually and on behalf of ~~Dan~~ Yellow, ~~Vonnie~~ Yellow, and ~~Joe~~ Yellow, minor children, T-A-15-029

Dear Ms. Dixon:

By Standard Form 95 dated February 24, 2015, you filed an administrative tort claim against the United States through your attorney Forrest G. Buffington, individually and on behalf of ~~Dan~~ Yellow, ~~Vonnie~~ Yellow, and ~~Joe~~ Yellow, minor children. The Federal Tort Claims Act, codified as amended primarily at 28 U.S.C. §§ 2671-80 (2006), authorizes the administrative settlement of claims for money damages against the United States for injury or loss of property or personal injury or death caused by the negligent or wrongful act or omission of any employee of the agency while acting within the scope of his office or employment, under circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred.

You allege that you and the minor children sustained \$5,000,000 in wrongful death damages during an incident involving Navajo Nation law enforcement officers on January 14, 2014. After reviewing this claim and the investigative files, I hereby deny this claim. If you are dissatisfied with the determination of this claim, you may submit to this office a written request for reconsideration within six months after the date of mailing of this letter, or you may, within that same period of time, file suit in an appropriate United States District Court. The decision announced in this letter is final unless reconsideration is requested or suit is filed within the six-month period.

If you have any questions about this letter, please contact Michael Williams at (505) 988-6720.

  
Patricia J. Reedy

Acting Regional Solicitor, Southwest Region

cc: Harrison Nez, BIA Navajo Region, Safety Manager

